

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033824

Entity Name: CFP CARE TEAM, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

985 SEMORAN BLVD.  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

985 S.R. 436  
CASSELBERRY, FL 32707

**Current Mailing Address:**

985 SEMORAN BLVD.  
CASSELBERRY, FL 32707

**New Mailing Address:**

985 S.R. 436  
CASSELBERRY, FL 32707

FEI Number: 33-1210464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAIRES & HAMMOND, P.L.  
283 CRANES ROOST BLVD.  
SUITE 165  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PT  
Name: SELZNICK, STEVEN H D.O.  
Address: 985 S.R. 436  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPS  
Name: THOMAS, HUGH W D.O.  
Address: 985 SEMORAN BLVD.  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN H. SELZNICK

PT

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date